

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 4:00 pm, May 20, 2014

KEPORT #3

INTOX EC/IR II MAINTENANCE REPORT

Complete this venert at the time of the vegular monthly proventive maintenance sheek (not be exceed 25				
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed				
into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	
12673 Kirkwood PD		05/13/2014		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	
131 W. Madison Kirkwood		18:09 CDT		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within				
established limits. (Write in observed values where determined). Unmarked items must be corrected				
before using instrument.				
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP		X FCB CHECK		
X DET TEMP		X CRC COMP CHECK		
X BT TEMP		X CRC CAL CHECK		
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK				
BREATH ANALYZER ACCURACY STANDARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER INTOXIMETERS		LOT# AG329701	AG329701 EXP. DATE 10/24/2015	
SIMULATOR TEMP (34°C ±0.2°C) SIMULA		ATOR S/N	SIMULATOR EXP DATE	
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)				
Run three tests using a standard solution. All three tests must be within +5% of the standard value				
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being				
used. (PRINTOUT ATTACHED)				
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE				
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE				
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE				
TEST 1 - 0.100 g/210L	TEST 2 19 0.100 g/210L		TEST 3 👺 0.100 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				ITENANCE REPORT:
REFUSALS 2 004 50	.0509 0	.1014 0	.15~.19 1	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			ESTORE THE INSTRUMENT	T TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).				
ODERATING DRODERS V				
OPERATING PROPERLY				
INSPECTING OFFICER		temantan, tahungan anggap agampan panganan anggab	The state of the control of the production of the page.	
SIGNATURE /// //		PRINT FULL NAME		
		HANCE, MICHAEL		
I I	ATION DATE	TELEPHONE NUMBER		
230266 11/3	26/2015	(314)822-585	8	
RETURN COMPLETED REPORT TO THE:				
Breath Alcohol Program, Missouri Department of Health and Senior Services,				
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901				
boundable bibelies office, 2075 dames bivd, roptat bidit, MO 03301				



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

MICHAEL A HANCE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX EC/IR II, INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. 11/26/2013 DATE DIRECTOR OF STATE PUBLIC HEALTH LABORATORY 230266 NUMBER

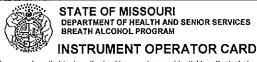
EXPIRES 11/26/2015

MO 580-0771 (6-10)

acting director,

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol

230266

Date Issued 11/26/2013

Date Expires 11/26/2015